## L17000178282

or's Name)				
)				
)				
e/Zip/Phone #)				
WAIT MAIL				
s Entity Name)				
nt Number)				
Certificates of Status				
Special Instructions to Filing Officer:				





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SECRETARY OF STAT

## **COVER LETTER**

TO: Registration Division of C		•	4 hrs.		
	DM CAS	STELLANO, LLC			
SUBJECT:  Name of Limited Liability Company					
	of Amendment and fee(s) are sul	-			
Please return all corres	spondence concerning this matter	to the following:			
	EFREN A. RIVAS				
		Name of Person			
	GLOBAL BUSINESS S	ERVICES & CONSULTING, IN	NC .		
Firm/Company					
	3270 RICKY DR APT	1601			
		Address			
	JACKSONVILLE, FL	32223-7880			
		City/State and Zip Code			
		SINESS@GMAIL.COM			
For further information	n-mail address: (	to be used for future annual report rail;	iotification)		
EFRE	N A. RIVAS	305 558-584	6		
Name	e of Person	at () Area Code Day	time Telephone Number		
Enclosed is a check for	the following amount:				
☐ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addi		Street Address:			
Registration Section Division of Corporations		Registration S Division of C			
P.O. Box 6327		The Centre of	f Tallahassee		
Tallahassee, FL 32314		2415 N. Mon Tallahassee, I	roe Street, Suite 810 FL 32303		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DM CAST	ELLANO, LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appear d Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Compar	ny were filed on	08/21/2017	and assigned
Florida document number L17000178282			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ibility company he	<u>re</u> :	
N/A			
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the de	esignation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADDRESS)			
	-		
Enter new mailing address, if applicable:	N/A		
Mailing address MAY BE A POST OFFICE BOX)	<del>-</del>		S ~
	<del></del>		7A 75
			5 T 8
B. If amending the registered agent and/or registered office	address on our re	cords, enter the nar	ne of the new registered
agent and/or the new registered office address here:			£2.4
Name of New Registered Agent: N/A			ST/S
New Registered Office Address:			TE 00
	Enter Flori	da street address	<del></del>
		, Florida	
	City	, Fiorida	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	LUCIANO DI BLAS	705 N H STREET	■ Add
		LAKE WORTH FL 33460	_
			☐ Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
		<del>-</del>	□ Add
			□Remove
			□Change
<del></del>			
		<del></del>	□Remove
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A 11/10/2022 E. Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. 11/03/ 2022 Dated \_ DAIANA CASTELLANO Typed or printed name of signee

Filing Fee: \$25.00